W-14 52

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PTO/SB/05 (03-01) Approved for use through 10/31/2002. OMB 0651-0032 Please type a plus sign (+) inside this box -----U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. BD-03991 UTILITY Attorney Docket No. مة PATENT APPLICATION Tricard, et al. First Inventor TRANSMITTAL Cutting Device For Separating Individual Lammated Chip Assemblies From A Strip Th Method Of Separation And A Method Of Making The Cutting Device r**6**99 ₹ Express Mail Label No. EL524181195US (Only for new nonprovisional applications under 37 CFR 1.53(b)) Assistant Commissioner for Patents **APPLICATION ELEMENTS** ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents Washington, DC 20231 Fee Transmittal Form (e.g., PTO/SB/17) **CERTIFICATION UNDER 37 CFR 1.10** ui an original and a dupli I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States PostalService on this date Follows 12, 5002 in an envelope as Express Mail Post Office to Addressee Mailing Label Number EL524181195US Applicant claims small entity status. See 37 CFR 1.27. Total Pages 16 Specification 3. 🛛 - Descriptive title of the invention addressed in the: Assistant Commissioner for Patrate, Washington, O.C. 20231. Suzanne G. Gendreau Cross Reference to Related Applications Statement Regarding Fed sponsored R & D (Tý)pe ar print name of pyreon majling paper) - Reference to sequence listing, a table, bentream Mysme or a computer program listing appendix (Signature of person mailing paper) Background of the Invention Brief Summary of the Invention ACCOMPANYING APPLICATION PARTS - Brief Description of the Drawings (if filed) - Detailed Description Assignment Papers (cover sheet & document(s)) - Claim(s) Power of 37 CFR 3.73(b) Statement - Abstract of the Disclosure Attorney (when there is an assignee) English Translation Document (if applicable) Drawing(s) (35 U.S.C. 113) [Total Sheets 4. XI Copies of IDS Citations Information Disclosure 5. Oath or Declaration [Total Pages Statement (IDS)/PTO-1449 ļ. **Preliminary Amendment** Newly executed (original or copy)
Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed) Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) **DELETION OF INVENTOR(S)** Signed statement attached deleting inventor(s) ļ. Nonpublication Request under 35 U.S.C. 122 named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. £121 Application Data Sheet. See 37 CFR 1.76 Information Disclosure Statement 17. Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation-in-part (CIP) of prior application No.; Group At Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Correspondence address below Customer Number or Ber Code Label d Customer No. or Altech bar code tabel here) Name SAINT-GOBAIN CORPORATION 1 New Bond Street, P.O. Box 15138 **Address** Zip Code State 01615-0138 City Worcester Massachusetts Fax Telephone 508-795-2653 Country (508) 795-2555 USA

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Mary E. Porter

Name (Print/Type)

Signature

Registration No. (Attorney/Agent) 33,440

Date

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)	1070
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Complete if Known		
Application Number		
Filing Date		
First Named Inventor	Tricard, et al.	
Examiner Name		
Group Art Unit		
Attorney Docket No.	BD-03991	

METHOD OF PAYMENT	FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge indicated fees and gradit any everywhere to:	3. ADDITIONAL FEES					
indicated fees and credit any overpayments to: Deposit Deposit	Large Small					
Account 14-1400	Entity Entity					
radriber	Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	Fee Paid				
Deposit Account Name NORTON COMPANY	105 130 205 65 Surcharge - late filing fee or oath					
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet					
Applicant claims small entity status.	139 130 139 130 Non-English specification					
See 37 CFR 1,27	147 2,520 147 2,520 For filing a request for ex parte reexamination					
2. Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to					
Check Credit card Money Other	Examiner action					
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action					
. BASIC FILING FEE	115 110 215 55 Extension for reply within first month					
Large Entity Small Entity Fee Fee Fee Fee Fee Pescription	116 400 216 200 Extension for reply within second month					
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 920 217 460 Extension for reply within third month					
404 740 004 070 111111 711 4	118 1,440 218 720 Extension for reply within fourth month					
100 000 000 100 7 100	128 1,960 228 980 Extension for reply within fifth month	İ				
106 330 206 165 Design filing fee 107 510 207 255 Plant filing fee 108 740 208 370 Reissue filing fee 114 160 214 80 Provisional filing fee	119 320 219 160 Notice of Appeal					
108 740 208 370 Reissue filing fee	120 320 220 160 Filing a brief in support of an appeal					
114 160 214 80 Provisional filing fee	121 280 221 140 Request for oral hearing					
, 114 100 214 00 Frovisional liling lee	138 1,510 138 1,510 Petition to institute a public use proceeding	\neg				
SUBTOTAL (1) (\$) 740	140 110 240 55 Petition to revive - unavoidable					
2. EXTRA CLAIM FEES	141 1,280 241 640 Petition to revive - unintentional					
Fee from Extra Claims below Fee Paid	142 1,280 242 640 Utility issue fee (or reissue)					
Total Claims 29 -20** = 9 x 18 = 162	143 460 243 230 Design issue fee					
Independent Claims 5 - 3** = 2 X 84 = 168	144 620 244 310 Plant issue fee					
Multiple Dependent	122 130 122 130 Petitions to the Commissioner					
	123 50 123 50 Processing fee under 37 CFR 1.17(g)					
Large Entity Small Entity	126 180 126 180 Submission of Information Disclosure Stmt					
Fee Fee Fee Fee Description Code (\$) Code (\$)	Γ					
103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)					
102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a))					
104 280 204 140 Multiple dependent claim, if not paid	149 740 249 370 For each additional invention to be					
109 84 209 42 ** Reissue independent claims over original patent	examined (37 CFR § 1.129(b))					
110 18 210 9 ** Reissue claims in excess of 20	179 740 279 370 Request for Continued Examination (RCE)					
and over original patent	169 900 169 900 Request for expedited examination					
(\$) 222	of a design application					
SUBTOTAL (2) (\$) 330	Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					

SUBMITTED BY			Complete (i	Complete (if applicable)	
Name (Print/Type)	Mary ₁ E. Porter	Registration No. (Attorney/Agent) 33,440	Telephone	508-795-2555	
Signature	mary E.	Torter	Date	2-12-02	

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